

## Chilkoot Indian Association

Federally Recognized Tribe
P.O. Box 490 Haines, Alaska 99827 907.766.2323

## 

## **Employment Application**

PERSONAL:	
Name	
Address	
Phone Number	
Alaska Drivers License	Expiration _ No
Are you legally eligible for employment in the	
Position Sought	
Full Time Part Time	Date Available
APPLICANT'S CERTIF	FICATION AND AGREEMENT
the best of my knowledge and authorize the cand to obtain reference information on my w Indian Association from any/all liability of w result from obtaining and having an employr I understand that, if employed, falsified state this application shall be considered sufficien I understand that should an employment offer adhere to the policies, rules and regulations of further understand that neither the policies, rules and regulations of the interview process shall be deemed contract. I understand that any employment of	ments of any kind or omissions of facts called for on
Signature of Applicant	Date

position you are seeking. **High School**: Number of Years Completed (circle) 1 2 3 4 **Diploma** \_\_\_\_ Yes \_\_\_\_ No **G.E.D.** \_\_\_\_ Yes \_\_\_\_ No School \_\_\_\_\_ City/State \_\_\_\_\_ College and/or Vocational School: School \_\_\_\_\_ City/State \_\_\_\_\_ Major \_\_\_\_\_ Degree Earned \_\_\_\_\_ Date \_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_ Major \_\_\_\_ Degree Earned \_\_\_\_ Date \_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_ Major \_\_\_\_ Degree Earned \_\_\_\_ Date \_\_\_\_ **Other Training:** School \_\_\_\_\_ City/State \_\_\_\_ Course \_\_\_\_ Date \_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_ Course \_\_\_\_ Date \_\_\_\_ PROFESSIONAL LICENSE OR MEMBERSHIP: Type of License Held \_\_\_\_\_\_\_\_State of Alaska License Number \_\_\_\_\_\_ License Expiration Date Professional Memberships \_\_\_\_ (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.) **COMPUTER SKILLS:** Data Entry/ Spreadsheets Word Processing Data Bases Power Point Other Software Skills:

**EDUCATION:** Please indicate education or training which you believe qualifies you for the

## **EMPLOYMENT:** List last employer first, including U.S. Military Service.

Employer	Position	
Telephone		
Dates of Employment: From		
Employer	Position	
Telephone		
Dates of Employment: From	To	
Reason for Leaving		
Employer	Position	
Telephone		
Dates of Employment: From	To	
Employer	Position	
Telephone	E-mail	
Dates of Employment: From	To	
Reason for Leaving		
Employer	Position	
Telephone		
Dates of Employment: From	To	
Reason for Leaving		
Employer		
Telephone	E-mail	
Dates of Employment: From	To	
Reason for Leaving		
Employer	Position	
	E-mail	
Dates of Employment: From		
Reason for Leaving		
Explain any gaps in work history		

REFERENCES: Please provide the contact information for three professional references.

Name	
Relationship	
Phone	E-mail
Name	
Phone	E-mail
Name	
Relationship	
Phone	E-mail
RECORD OF CONVICTION:	
Have you ever been convicted of a cri	me? Yes No
If yes, explain:	
	omatically disqualify you for employment. Rather, such seriousness and nature of the crime, and rehabilitation will
Are there any felony charges pending	against you? Yes No
If yes, explain:	

Please return completed form to:

Human Resources Chilkoot Indian Association 124 3<sup>rd</sup> Ave S PO Box 490 Haines, AK 99827